


<p>Attach a current, passport quality photograph, approximately 1½" x 2¼" in size.</p>	FOR BOARD USE ONLY		<p>STATE OF TENNESSEE</p>  <p>BOARD OF EXAMINERS FOR LAND SURVEYORS 500 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243-1146 615-741-3611 HTTP://WWW.TN.GOV/REGBOARDS/SURVEYORS</p>
	DATE RECEIVED		
	FILE NUMBER		
	TRANSACTION NUMBER		

Application for *Professional Land Surveyor-in-Training*

THIS IS NOT AN APPLICATION FOR REGISTRATION OR LICENSING AS A PROFESSIONAL LAND SURVEYOR AND ANY DESIGNATION OR RECOGNITION BY THE BOARD WILL NOT, IN ANY WAY, OR DEGREE ENTITLE THE APPLICANT TO PRACTICE OR OFFER TO PRACTICE LAND SURVEYING. THIS APPLICATION IS PROVIDED BY BOARD TO ALLOW THOSE APPLICANTS THAT QUALIFY UNDER TCA 62-18-109(b)(1) TO TAKE THE NCEES EXAMINATION, FUNDAMENTALS OF LAND SURVEYING (FS), AND, UPON PASSING, BE ACKNOWLEDGED AS PROFESSIONAL-LAND SURVEYOR-IN-TRAINING (PLSIT).

IMPORTANT – PLEASE READ AND UNDERSTAND THIS FORM AND THE TENNESSEE LAWS BEFORE YOU COMPLETE THIS APPLICATION. ALL INFORMATION REQUESTED ON THIS FORM MUST BE TYPEWRITTEN OR LEGIBLY PRINTED AND ALL QUESTIONS MUST BE ANSWERED. RETAIN A COPY FOR YOUR FILES

APPLICATION MUST BE ACCOMPANIED WITH A PAYMENT OF \$25.00 MADE PAYABLE TO THE STATE OF TENNESSEE AND MAILED TO 500 JAMES ROBERTSON PARKWAY, NASHVILLE, TN 37243-1146. This application, along with a \$25.00 application fee, education verification forms, three completed character reference forms and transcripts must be received in the board office before the application can be reviewed. PLEASE ALLOW 5-7 BUSINESS DAYS TO ENSURE ADEQUATE DELIVERY TIME OF THIS APPLICATION BEFORE THE DEADLINE DATE.

How are you applying? <i>(Reference TCA 62-18-109)</i>	(i) _____ <i>(BS in Surveying)</i>	(ii) _____ <i>(BS+24 Hours)</i>	(iii) _____ <i>(BS+36 Hours)</i>	(iv) _____ <i>(AS+Exp)</i>	(v) _____ <i>(HS+Exp)</i>
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1. GENERAL INFORMATION: (Circle b. or c. to indicate your preference for address of record with this Board.)

a. Name in full _____ SSN _____
First
Middle
Last

b. Residence address _____ () _____
Street No.
Telephone No.

_____ City _____ County _____ State/Zip _____

c. Business name and address _____ () _____
Name
Telephone No.

_____ Street No _____ City _____ State/Zip _____ Position _____

E-mail Address _____

d. Date of Birth _____

- e. Can you speak and understand the English language? _____
- f. Have you ever filed an application with this Board? _____ If yes, type of application _____
When? _____
- g. Have you ever been disciplined by any state licensing authority? _____
If so, please explain _____
- h. Have you ever been convicted of a felony? _____ If yes, please attach a separate statement describing the circumstances.

EDUCATION RECORD –List high school and all colleges and universities in the order you attended. A copy or high school diploma or GED certificate must be submitted with your application unless you are a college graduate. College graduates must submit CERTIFIED transcripts and a completed course reporting form with your application. You must highlight or list on the course reporting form all surveying related courses you are claiming for credit under the provisions of TCA 62-18-109b(1)(F) (i), (ii), (iii), and (iv).

NAME AND ADDRESS OF INSTITUTION	YEARS ATTENDED		MAJOR	DATE OF GRADUATION	DEGREE RECEIVED
	From	To			

EXPERIENCE BACKGROUND

IF YOU ARE APPLYING UNDER SECTION iv (ASSOCIATES DEGREE) or SECTION v (HIGH SCHOOL DIPLOMA OR GED), YOU WILL NEED TO COMPLETE THE EXPERIENCE BACKGROUND BELOW.

List each period of employment in chronological order and use a position block for each employer or for each time that you had a significant change in duties and responsibilities. The last block is the summary of your complete surveying experience history. **ONE LINE IS NOT SUFFICIENT.** Experience acceptable for licensure as a land surveyor must be progressive and diverse and include, as a minimum, the following aspects of land surveying: **Field experience** should include field measurements with a variety of instruments, discovering and interpreting boundary evidence, staking line and grade and field procedures for topographic mapping. **Office experience** should include traverse closure and adjustment, survey accuracy and quality control of field data, state plane coordinate computation and translations, boundary evidence analysis and resolution with record title, drafting plats and writing descriptions of surveys and knowledge and understanding of the subdivision process. **Research experience** should include familiarity with the county record filing process, including deed research in county registers' offices and tax assessors' offices, along with plans and records held by state and county highway departments and utility departments. The applicant, during his work history, is expected to have acquired experience in the overall management of surveying projects, to include, a high degree of integrity in the practice of surveying, understanding and following a code of ethics, interpersonal communication skills, project planning and scheduling, and safeguarding the health, safety and welfare of the public in daily work activities. **EXPERIENCE CANNOT BE ANTICIPATED. YOU MUST HAVE THE REQUIRED EXPERIENCE WHEN YOUR APPLICATION IS SUBMITTED.**

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POSITION NUMBER _____ TITLE OF POSITION _____

EMPLOYED FROM: _____ TO _____ AVERAGE # OF HRS. WORKED PER WEEK _____
MO/YR MO/YR

EMPLOYER NAME _____ TYPE OF BUSINESS _____

EMPLOYER ADDRESS _____
STREET CITY/STATE ZIP

NAME OF YOUR IMMEDIATE SUPERVISOR _____ LICENSE # _____

EMPLOYER TELEPHONE NUMBER (____) _____

POSITION NUMBER _____ TITLE OF POSITION _____

EMPLOYED FROM: _____ TO _____ AVERAGE # OF HRS. WORKED PER WEEK _____
MO/YR MO/YR

EMPLOYER NAME _____ TYPE OF BUSINESS _____

EMPLOYER ADDRESS _____
STREET CITY/STATE ZIP

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EMPLOYER ADDRESS _____
STREET CITY/STATE ZIP

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EMPLOYER TELEPHONE NUMBER (____) _____

[illegible]

TOTAL NUMBER OF MONTHS		TYPE EXPERIENCE: Office _____% Field _____% Research _____%
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POSITION NUMBER _____		TITLE OF POSITION _____	
EMPLOYED FROM: _____ TO _____		AVERAGE # OF HRS. WORKED PER WEEK _____	
MO/YR MO/YR			
EMPLOYER NAME _____		TYPE OF BUSINESS _____	
EMPLOYER ADDRESS _____			
STREET		CITY/STATE	ZIP
NAME OF YOUR IMMEDIATE SUPERVISOR _____		LICENSE # _____	
EMPLOYER TELEPHONE NUMBER () _____			
DESCRIBE YOUR MAJOR DUTIES/RESPONSIBILITIES BELOW			
TOTAL NUMBER OF MONTHS		TYPE EXPERIENCE: Office _____% Field _____% Research _____%	

POSITION NUMBER _____		TITLE OF POSITION _____	
EMPLOYED FROM: _____ TO _____		AVERAGE # OF HRS. WORKED PER WEEK _____	
MO/YR MO/YR			
EMPLOYER NAME _____		TYPE OF BUSINESS _____	
EMPLOYER ADDRESS _____			
STREET		CITY/STATE	ZIP
NAME OF YOUR IMMEDIATE SUPERVISOR _____		LICENSE # _____	
EMPLOYER TELEPHONE NUMBER () _____			
DESCRIBE YOUR MAJOR DUTIES/RESPONSIBILITIES BELOW			
TOTAL NUMBER OF MONTHS		TYPE EXPERIENCE: Office _____% Field _____% Research _____%	

This sheet may be deleted or repeated as necessary to account for all positions held in chronological order.

3. References – You must submit three (3) character references to the board, one (1) of whom is a professional land surveyor.

NAME	STATE OF PLS LICENSURE AND LICENSE NUMBER

I hereby make application for designation as a Professional Land Surveyor-in-Training (PLSIT) to be acknowledged by the Tennessee State Board of Examiners for Land Surveyors and that I am now committed to and endeavor to complete the additional requirements to become a registered and licensed professional land surveyor in the State of Tennessee. I fully understand that the designation as PLSIT does not entitle me to practice land surveying to any extent without being under the direct supervision and responsible charge of a Tennessee licensed land surveyor.

Signature of Applicant

Subscribed and sworn to before me, on the _____ day of _____, 20 _____

Notary Public

(Seal)

My commission expires _____, 20 _____.